

Louis S. Wolk Jewish Community Center of Greater Rochester

1200 Edgewood Avenue • Rochester, NY 14618

Phone: 461-2000

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FINANCIAL AID APPLICATION

Thank you for your interest in the JCC! For your convenience, we've simplified our application process. Please complete the form below and attach a copy of the first two pages of your **2016 tax return** and/or a statement from **Social Security** showing your annual award. Please address questions to **John Golden** at 461-2000 x218 or drop forms at the JCC's main desk. If you are applying as a **First time Member**, you will also need to submit the **New Member Application**. If you wish to email forms, please send them to jgolden@jccrochester.org.

First Name _____ Last Name _____

Address _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Spouse's First Name _____ Last Name _____

Work Phone _____ Cell Phone _____ Email _____

List names and ages of *all* dependents:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annual Household Income:

(If married and filing separate returns, please provide combined figure.)

Please be sure to attach the first two pages of your tax return

Adjusted Gross Income (Form 1040, line 37) \$ _____

I request to be considered for a reduced rate on:

CAMP:

- CSL
 Camp Sisol

MEMBERSHIP:

- Family
 Individual (age 30+)
 Individual B (age 65+)
 Couple
 Young Adult (age 19 – 29)
 Single Parent Family

If necessary, where may we contact you? Work Home

My health insurance is with _____.

Do you receive any health insurance reimbursement for joining a fitness/health center? Yes No If yes, what amount? \$ _____

Certification:

I/We have checked this form for omissions and errors, and hereby affirm that the information submitted is correct, accurate and complete and agree to advise the Jewish Community Center of Greater Rochester of any changes in the information submitted. You will receive notification of the decision regarding this request. Payments are arranged via direct debit from a charge card or bank account.

Signature

Date

Signature

Date

Please feel free to share any additional comments on the reverse side of this form, or attach an additional sheet if you wish.